

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | J. G.    |        | 5/25/99  |
| O.I.P.E. CLASSIFIER |          | 25     | 05-27-99 |
| FORMALITY REVIEW    | NB       | 10303  | 0-10/7-9 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date   |
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| Claim    | Date   |
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| Final    |        |
| Original | 8/5/99 |
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BEST AVAILABLE COPY if more than 150 claims or 10 actions  
 staple additional sheet here

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